

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **724813** (1)
1. Corporation Name
MELROSE CHAPTER #1118 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC



| | |
|--|---|
| Principal Place of Business %JOHN SUFFKA P.O. BOX 385 MELROSE FL 32666 | Mailing Address %JOHN SUFFKA P.O. BOX 385 MELROSE FL 32666-0385 |
|--|---|

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|--|--|
| 3. Date Incorporated or Qualified 11/16/1972 | 3a. Date of Last Report 04/05/1996 |
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|---|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 23-7241861 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RATZ, JR., KENNETH
125 SERENA CIRCLE
MELROSE FL 32666**

| | |
|---|-----------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kenn Ratz Jr* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE **3-20-97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RATZ, JR., KENNETH | 1.2 NAME | |
| STREET ADDRESS | 125 SERENA CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELROSE FL 32666 | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCRIVEN, THOMAS | 2.2 NAME | |
| STREET ADDRESS | RT 1 BOX 245 A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWTHORN FL 32640 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHENK, ELLA MAE | 3.2 NAME | |
| STREET ADDRESS | 11813 NE 205TH TERRACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | EARLETON FL 32631 | 3.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUFFKA, DELORIS | 4.2 NAME | S. SUFFKA, DELORIS |
| STREET ADDRESS | P O BOX 385 N/A | 4.3 STREET ADDRESS | 100 ASHLEY LK. DRIVE |
| CITY-ST-ZIP | MELROSE FL 32666 | 4.4 CITY-ST-ZIP | MELROSE, FL. 32666 |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUFFKA, JOHN | 5.2 NAME | T. SUFFKA, JOHN |
| STREET ADDRESS | P O BOX 385 N/A | 5.3 STREET ADDRESS | 100 ASHLEY LK. DRIVE |
| CITY-ST-ZIP | MELROSE FL 32666 | 5.4 CITY-ST-ZIP | MELROSE, FL. 32666 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ODEN, MILLCENT | 6.2 NAME | |
| STREET ADDRESS | 5056 TINON RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John C. Suffka Jr* (Signature and typed or printed name of signing officer or director) DATE **3-20-97** Daytime Phone # **0011777**

CR2E037 (9/96)